



UGANDA PROTECTORATE

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ANNUAL REPORT  
OF THE  
**MEDICAL DEPARTMENT**

FOR THE  
*Year ended 31st December, 1945*

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MEDICAL DEPARTMENT

ANNUAL REPORT

*For the Year ended 31st December, 1945.*



I. STAFF

(i) *Headquarters.*—The Director of Medical Services went to England on duty in July and returned in September. He had conversations with the Secretary of State and officers of the Colonial Office with regard to staff and other matters. The post of Deputy Director of Medical Services remained vacant from the beginning of the year until the 27th August when it was filled by the appointment of Dr. P. B. Robinson on transfer from Northern Rhodesia. The post of Assistant Director of Medical Services remained vacant throughout the year and a Senior Medical Officer was posted to Headquarters.

(ii) *Provincial and District.*—One Senior Medical Officer who had been seconded to the Army was permitted to proceed on leave prior to retirement. Four new Specialist Posts were created and filled in Medicine, Gynaecology, Ophthalmology and Radiology. One Medical Officer was appointed to service, three Medical Officers retired and one Medical Officer was seconded to the Seychelles.

With deep regret I have to report the death of two officers while serving with H.M. Forces: Col. H. A. Gilkes, Senior Medical Officer, and Major T. Hughes, Health Inspector. Two esteemed and valuable officers were thereby lost to the service.

After many years meritorious service Dr. J. P. Mitchell, O.B.E., Medical Superintendent, Mulago Hospital and Principal Mulago Medical School, retired early in the year and he was succeeded by Dr. D. Bell, O.B.E.

ARMY SECONDMENTS.

One Medical Officer and one Health Inspector who had been seconded for military duty were released and at the end of the year were on leave pending return to civil duty. Three R.A.M.C. officers who had been seconded for civil duty with the department were recalled during the year.

The position regarding nursing staff remained much the same as in 1944. A number of new nursing sisters arrived on first appointment but did not balance casualties occasioned by ill-health and marriage. One senior nursing sister proceeded on leave prior to retirement.

During the year therefore shortage of staff was greater than ever and it was only possible to grant overseas leave to a few officers. Those that remained willingly undertook the extra burden of work involved, though many of them were a number of years overdue for leave. The relief felt on the termination of the war was largely counteracted by a sense of reaction and an even greater feeling of strain and urge to proceed overseas.

Overcrowding in African hospitals continued to be a pressing problem, especially in view of the anticipated demand for extra accommodation for the rehabilitation of returned soldiers. This was relieved to some extent by special effort on the part of the Public Works Department. A new 60-bed ward was completed at Masaka, two 48-bed wards at Tororo and 24-bed wards at Jinja, Lira, Mbarara, Kabale, Gulu and Arua.



## II. GENERAL

A grant amounting to £477,500 was approved under the Colonial Development and Welfare Act for a new hospital at Mulago, and preliminary plans were discussed with Mr. Rees Phillips of "Saxon Snell & Phillips" of London.

Other approved grants under the Colonial Development and Welfare Act were £350,000 for Health Services and £50,000 for Tsetse and Trypanosomiasis research. Owing to the impossibility of recruiting staff and the difficulty of obtaining materials none of the schemes detailed in the 1944 Annual Report were started with the exception of training centres for subordinate medical staff. A start was made on 3 centres at Mbale, Lira and Masaka. It was decided that the £50,000 voted for Tsetse and Trypanosomiasis work should be spent at the rate of £10,000 per annum for 5 years and the first £10,000 was spent in 1945.

A Conference of Directors of Medical Services and a meeting of the Joint East African Board in Medicine were held in Nairobi in July.

## III. RELATIONS WITH HIS MAJESTY'S FORCES

Cordial relations continued as in previous years and much mutual assistance was afforded. Civil medical officers continued to give assistance with the medical examination of recruits. At the end of the war, the depots at Tororo and Jinja were closed down and the civil hospitals dealt with demobilized and disabled soldiers requiring medical treatment. Additional wards were constructed at a number of district hospitals for disabled soldiers. To assist civil authorities in the control of venereal disease the military authorities kindly agreed to retain all infective patients who were not discharged until they had been cured. Returning soldiers with tuberculosis presented a difficult problem as the majority of them on demobilization were naturally anxious to return to their homes. Every effort was made to persuade these people to remain in civil hospitals. Plans for a real community civil life of ex-soldiers began to take shape. Pending the opening of the 3 schools at Masaka, Lira and Mbale a number of returned ex-army medical personnel have been taken into civil hospitals and later they will proceed to the schools for further training.

## IV. REFUGEES AND INTERNEES

The refugees, mainly Polish, remained in the settlement at Nyabeya and Kojia during the year but many of the internees were transferred away from Uganda prior to repatriation. Medical and public health measures in the refugee camps continued to be satisfactory, and the health of refugees was extremely satisfactory.

## V. DRUGS AND SUPPLIES

The sole importation of drugs and other medical requisites by Government was discontinued at the end of the war. The supply of certain drugs and requisites continued to be short but on the whole no difficulty or hardship was experienced on this account.

## VI. LEGISLATION

No public health legislation of importance was enacted during the year.



## VII. PUBLIC HEALTH

The total number of cases of disease treated in district and other hospitals in charge of medical officers is given below:—

New cases, including examinations	...	637,321
Re-attendances	... ..	774,839
Total attendances	... ..	1,412,160

Cases treated by junior medical personnel at district dispensaries and aid posts are:—

New cases	... ..	954,782
Re-attendances	... ..	1,607,164
Total attendances	... ..	2,561,946

In all instances these figures represent an increase over those of last year. This does not necessarily indicate an increased incidence of disease. Contributing to it is the influx of demobilized soldiers and a greater inclination on the part of the population to make use of the medical facilities provided.

Mission hospitals have continued their excellent work at many centres in the country, though circumstances of supplies, staff and transport have hampered them to no inconsiderable degree.

## VIII. GENERAL DISEASES

*Epidemic, endemic and infectious diseases.*—Reports have been received of a total of 201,848 cases, with 951 deaths. There can be little doubt that these figures do not accurately reflect the incidence of this group of diseases.

*General diseases* totalled 27,222.

*Affections of the circulatory system.*—3,772 cases with 110 deaths.

*Affections of the respiratory system* amounted to 68,198. Among these were 3,603 cases of pneumonia of which 315 terminated fatally.

*Diseases of the digestive system* accounted for 61,187 cases.

*Diseases of the genito-urinary system.*—2,628 cases, not venereal, received treatment.

*Diseases of the skin and cellular tissue.*—90,681 patients sought relief.

*Affections produced by external causes.*—There were 57,781 cases in this group.

## IX. COMMUNICABLE DISEASES

### (i) INSECT BORNE

#### MALARIA

Malaria continues to be the most important cause of morbidity. 76,160 cases are recorded in Government institutions with 208 deaths. Mosquito control in the vicinity of townships was, in the main, confined to maintenance of existing works and routine measures such as oiling. Numerous mosquito surveys were carried out during the year and investigation of malaria in the highlands of Kigezi continued. The incrimination of *A. christyi* as a vector was confirmed and experiments were carried out on the possibility of controlling this species, by shading or fouling the water with vegetable matter. Small outbreaks occurred in the district from time to time and were attributed in each case to cultivation in the vicinity of swamps, conditions being thereby produced which were favourable to the breeding of this species.



## BLACKWATER FEVER

104 cases with 26 deaths were recorded. Of these 44 cases with 12 deaths occurred in officials.

## YELLOW FEVER

No human cases were discovered and investigations by the Yellow Fever Research Institute, were continued and are the subject of a separate report by the Director of the Institute. At the end of the year the distribution of yellow fever vaccine from the Institute was discontinued and in future supplies will be obtained from South Africa. For a number of years, through the generosity of the Rockefeller Foundation, vaccine has been supplied free to this Government and at considerable expense. The gratitude of Government is due to the Foundation for this important contribution to the public health of the community.

## RELAPSING FEVER

This disease is still on the increase and spreading to new areas. 1,086 cases were reported with 33 deaths. The construction of camps for migrant labour is well in hand.

## PLAGUE

It is gratifying to record that only 4 cases occurred during the year. All 4 cases occurred in the Mengo District and were fatal.

## TRYPANOSOMIASIS

317 cases were reported with 12 deaths. The distribution of the disease was the same as in 1944, with the exception of an outbreak at Paranga on the Acholi-Lango border. It is thought that the cause of the epidemic was the drying up of the River Aswa, with a consequent concentration of population at water holes in infected areas. 127 cases were reported from this area. Towards the end of the year the outbreak was well under control.

The tsetse situation in Buruli is very promising. Not only has there been no further southward advance of *G. pallidipes* but this fly has definitely been driven back in at least one portion of the area, a colony in the north-east corner of Bulemezi having apparently disappeared. No tsetse were caught there during the last 3 months of the year whereas before that regular catches were made. There is a general reduction in fly density throughout the area some of which at least is due to the efforts of man. There is every indication that the programme of late burning with game eviction is producing good results and it is hoped that in due course late burning will render the area completely unsuitable for tsetse.

In Bugerere there has also been improvement and it is gratifying to note that resettlement is progressing well. At the beginning of the year there was only one new settler in the area selected and at the end of the year the number had increased to 60. Many more have already made plans to move into the area.

Further surveys were carried out in Busoga.

In North Kigezi an area, which had been suggested as suitable for resettlement of Africans from the overcrowded neighbourhood of Kabale, was examined. No tsetse were found and it is thought probable that there are no resident fly colonies. However, the presence of a low incidence of trypanosomiasis amongst cattle, in adjacent areas, suggests that tsetse are



carried into the area occasionally by elephant and buffalo. It is hoped that if big game can be kept out, agriculture will be successful and with resettlement under these conditions it is confidently expected that the incidence of trypanosomiasis in adjacent areas will be reduced and it is hoped that it will be possible to keep cattle in the new area.

Experimental work in South Ankole was continued by members of the Department of Tsetse Research at Shinyanga and early in the year a most important discovery was made of the presence of *pallidipes* in North Ankole. This was the first time its existence outside the flats around Lakes George and Edward was known. Research revealed that it has advanced in recent years and the evacuation of cattle from Mitoma County leaves little doubt that unless active measures are taken expansion will continue. In June 1943 Mitoma had 16,966 head of cattle and in June 1945 only 7,486. The disappearance of the cattle means that there will be an increase in bush growth, an influx of game, particularly buffalo, and finally the abandonment of the land by agriculturists. The *morsitan* belt in South Ankole has now been well defined and defence measures are in operation. It is hoped in the near future that this belt will be pushed back.

We were fortunate in having a visit from Professor P. A. Buxton of the London School of Hygiene and Tropical Medicine during the year. Professor Buxton toured East Africa and held a conference in Nairobi in August. His report has been issued by the Secretary of State.

## (ii) INFECTIOUS DISEASES

### SMALL-POX

The epidemic of variola minor which started in 1944 continued during 1945 and at the end of the year began to show signs of abatement. An immigrant from Kenya arrived in Mbale in the Eastern Province and was found to have confluent small-pox. Subsequently 2 contacts were affected. Fortunately the prompt measures taken by the Medical Officer of Health prevented further spread of the disease. In all 1,558 cases of small-pox were notified with 5 fatalities.

### POLIOMYELITIS

8 cases were recorded with 1 death.

### DIPHTHERIA

4 cases were recorded with no deaths.

### CEREBRO-SPINAL MENINGITIS

This disease continued to be endemic particularly in the Teso District. 2,842 cases were reported with 350 deaths.

### DYSENTERIES

The epidemic due to Shiga's bacillus in the Kigezi District continued but was controlled towards the end of the year. 1,204 cases of bacillary dysentery were reported with 34 deaths.

### SYPHILIS AND YAWS

A further marked increase in the number of people suffering from syphilis and yaws who presented themselves for treatment occurred. 31,549 cases of syphilis were treated and 33,697 of yaws.

### GONORRHOEA

14,936 patients received treatment.



## LEPROSY

The number of patients attending Government hospitals for treatment was 886. Figures for Mission controlled leper institutions were as follows:—

Particulars	Namagera (Buluba)	Nyenga	Bunyoni	Teso	
				Kumi	Ongino
No. of resident .. ..	288	243	547	479	410
No. admitted .. ..	135	117	78	51	52
No. of births .. ..	3	2	—	—	—
No. of deaths .. ..	17	2	19	5	12
No. discharged .. ..	51	48	32	15	42

### (iii) HELMINTHIC DISEASES

Intestinal schistosomiasis is assuming serious proportions in the West Nile District and seems to be spreading in an easterly direction. The disease has now reached the Nile on the eastern border of the district. The District Medical Officer reports having demonstrated the presence of the parasite in 730 cases. In one survey of 1,000 school children in the vicinity of Arua infection was found to be 12%, the younger classes having a higher infection rate than the older. In the Victoria Nile and the Sezibwa River, *Simulium damnosum* breeds in very large numbers and onchocerciasis is encountered in these areas. An experiment was carried out by the Senior Entomologist with Dimethyl phthalate, which was demonstrated to be an excellent repellent against *simulium*.

## X. VITAL STATISTICS

These are tabulated in Appendix A.

## XI. HYGIENE AND SANITATION

### LABOUR

It was found impossible to occupy the camp for immigrant labour at Merama hill close to the Tanganyika border owing to difficulty in providing an adequate and efficient water supply. The installation was completed towards the end of the year and it is hoped that the camp will open early in 1946.

### SCHOOLS

School medical inspection is gradually expanding but will not be satisfactory until special staff is available for this service. During the year a dental survey was carried out by Mrs. V. T. Darling who toured most districts of the territory. 11,525 children and 1,118 adults were examined and, as far as was possible, treatment was carried out. Mrs. Darling's full report has not yet been received but examination of a progress report, indicates that extremely valuable information has been obtained on the state of African teeth and mouths.

### GENERAL

Routine public health measures were carried out in so far as a greatly depleted staff permitted. Owing to shortage of European health inspectors it was found necessary to concentrate on work in urban areas, at the expense of the rural areas. Nevertheless much good work was done in disease prevention and, particularly in the West Nile and Kigezi Districts, considerable



improvement was effected to rural water supplies. Protected springs were installed in many places and in Kigezi considerable success was achieved in the creation of tanks with catchment areas, in an effort to control the epidemic of dysentery.

## XII. PORT HEALTH WORK

The sea plane bases at Port Bell and Laropi and the aerodrome at Entebbe continue to be used as ports of entry. All aircraft landing at these aerodromes are disinfested. 257 aircraft passed through Entebbe and it is anticipated that this heavy increase will continue in future years. The unsatisfactory condition caused by flooding in wet weather at the Entebbe Aerodrome was successfully overcome and no breeding of mosquitoes was discovered during the year.

## XIII. MATERNITY AND CHILD WELFARE

Although staff and transport difficulties were encountered, a very satisfactory expansion of these services is reflected in the figures from Government and Mission centres which are:—

Particulars	1944		1945	
	Govt. Centres	Mission Centres	Govt. Centres	Mission Centres
Ante-natal first attendances ..	41,493	15,894	75,846	19,319
Pregnancies terminated in hospitals	6,047	4,713	8,482	5,237
Ante-natal re-attendances ..	97,352	52,557	119,907	49,814

## XIV. MEDICAL EDUCATION

At the Mulago Medical School 7 students sat for the final examination. 3 passed out in all subjects, all of them being natives of Uganda. The remainder were referred for further training.

Training of subordinate medical staff continued as in the past, and the following candidates were successful in their respective examinations: 1 laboratory assistant, 5 dispensers, 11 midwives (trained at the Mission hospitals), 23 nurses (Government and Mission hospitals), 18 nursing orderlies, 12 assistant health inspectors (1 of these candidates came from Kenya). The 3 schools at Lira, Mbale and Masaka had not been completed at the end of the year and plans were made to use them, to begin with, for the training of reabsorbed ex-military personnel.

## XV. LABORATORY

The work of the central laboratory for the Protectorate is detailed hereunder:—

### 1. *Parasitology*.—

Blood films examined	...	...	...	13,996
Dark ground illuminations	...	...	...	45
Faeces	...	...	...	2,711

### 2. *Serology*.—

Kahn tests on sera	...	...	...	18,734
Kahn tests on cerebro-spinal fluid	...	...	...	448
Agglutination tests for Enteric and other fevers	...	...	...	644

3. *Bacteriology.*—

Blood cultures	...	...	...	125
Urine cultures	...	...	...	110
Faeces cultures	...	...	...	324
Sputum for M. tuberculosis and B. Pestis	...	...	...	1,094
Swabs and smears	...	...	...	533
Vaccines prepared	...	...	...	23
Sterility tests on drugs	...	...	...	213
Water samples	...	...	...	65

4. *Clinical Pathology.*—

Blood counts	...	...	...	1,151
Cerebro-Spinal fluid	...	...	...	633
Pleural and other fluids	...	...	...	54
Urine	...	...	...	1,561
Miscellaneous examinations	...	...	...	118

5. *Biochemical examinations* ... 7346. *Autopsies and Histo-pathology.*—

Autopsies—medico-legal	...	...	...	113
Autopsies—Mulago hospital	...	...	...	262

7. *Chemical examinations.*—

For the Medical Department	...	...	...	36
For the Police	...	...	...	99
For the Industrial Committee	...	...	...	29
For the Supply Board	...	...	...	17
Miscellaneous	...	...	...	13

8. *Yellow Fever Inoculations given* ... 4,244

## XVI. PRISONS

Although conditions in certain Protectorate and Native Administration prisons were not altogether satisfactory the health of prisoners on the whole was good and figures are detailed below:—

Prisons	Daily average in prison	Daily average on sick list	Number of admissions to hospital	Number of deaths
Central Prison .. ..	1,128	5	530	22
Farm .. ..	242	5·6	72	.
Arua .. ..	56	·8	5	.
Port Portal .. ..	12	·2	2	.
Gulu .. ..	57	9	12	.
Jinja .. ..	159	1·3	102	1
Lira .. ..	119	4	59	2
Masaka .. ..	58	4·1	60	1
Mbale .. ..	129	4	80	5
Masindi .. ..	68	·9	19	2
Mbarara .. ..	73	·4	36	3
Moroto .. ..	72	5·4	37	2
Soroti .. ..	60	3·1	22	.
TOTAL .. ..	2,233	43·8	1,036	38



## CAUSES OF DEATHS

Luzira	(22)	...	11	Pneumonia.
			2	Meningitis.
			1	Hepatitis.
			1	Uraemia.
			1	Toxaemia.
			1	Septicaemia.
			1	Helminthiasis.
			1	Blackwater fever.
			1	Peritonitis.
			1	Tumour.
			1	Gun-shot wound
Jinja	(1)	...	1	Uraemia.
Lira	(2)	...	1	Pneumonia.
			1	Meningitis.
Masaka	(1)	...	1	Haemophilia.
Masindi	(2)	...	1	Pneumonia.
			1	Septicaemia.
Mbale	(5)	...	1	Senile degeneration.
			1	Internal haemorrhage resulting from gun-shot wound.
			1	Syphilis and malaria.
			1	Haemorrhage, pneumonia with heart failure.
			1	Cirrhosis of the liver.
Mbarara	(3)	...	1	Advanced epilepsy.
			1	Pulmonary tuberculosis.
			1	Acute diarrhoea.
Moroto	(2)	...	1	Nephritis.
			1	Intestinal disease (unknown).

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## XVII. FINANCIAL

The following are the figures of Revenue and Expenditure for the years 1944 and 1945.

		1944.			1945.		
		£	s.	cts.	£	s.	cts.
Personal Emoluments	...	125,067	17	44	133,019	13	95
Other Charges	...	177,553	6	93	194,131	0	54
		<hr/>			<hr/>		
		302,621	4	37	327,150	14	49
		<hr/>			<hr/>		
Special Expenditure	...	3,667	12	07	6,772	17	24
		<hr/>			<hr/>		
The Revenue amounted to	...	16,781	7	34	16,081	14	84
		<hr/>			<hr/>		

P. B. ROBINSON,  
*Acting Director of Medical Services.*

## VITAL STATISTICS (POPULATION ONLY).

PROVINCE AND DISTRICT.			RATES FOR THE YEAR.			
	Live Births		Percentage Still Births to Live plus Births.	Infantile Mortality Rate per 1,000 Live Births.	Maternal Mortality per 1,000 Births and Still Births.	Death Rate per 1,000 Population.
	M.	F.				
<b>BUGANDA PROVINCE:—</b>						
Mengo ... ..	9,911	9,071	75	71'23	7'69	28'81
Masaka ... ..	4,057	3,834	52	57'28	5'17	21'26
Mubende ... ..	879	887	3'39	68'51	1'64	8'66
<b>TOTAL</b> ...	14,847	13,792	86	67'21	6'61	23'63
<b>EASTERN PROVINCE:—</b>						
Busoga ... ..	4,443	4,135	4'90	136'51	6'98	21'33
Central ... ..	6,333	6,039	2'23	130'37	4'19	19'96
Teso ... ..	2,842	2,708	0'34	77'12	5'93	18'88
*Karamoja ... ..	...	...	...	...	...	...
<b>TOTAL</b> ...	13,618	12,882	2'73	121'20	5'47	20'13
<b>WESTERN PROVINCE:—</b>						
Toro ... ..	3,198	2,938	3'85	64'21	5'80	14'36
Ankole ... ..	5,562	5,229	3'02	94'24	5'12	21'24
Kigezi ... ..	7,710	7,386	4'26	37'82	3'87	14'70
Lango ... ..	4,928	4,788	5'21	20'28	7'71	22'07
Bunyoro ... ..	981	780	6'73	59'05	4'24	10'78
Acholi ... ..	3,589	3,500	3'98	20'93	8'26	19'25
West Nile ... ..	6,301	6,033	1'81	183'31	3'42	18'86
<b>TOTAL</b> ...	32,269	30,654	3'73	123'98	5'29	17'96
<b>UGANDA PROTECTORATE</b> ...	60,734	57,328	2'82	109'59	5'65	19'99

\* The population at district.





